



ADA Compliance Program

Citizen ADA Advisory Committee

Citizen ADA Accessibility Advisory Committee Application

Attached Additional Pages if Necessary – Mail application to the Clark County ADA Compliance Office – address listed below - no later than November 18, 2005.

Name:

Address:

City:

Zip Code:

Day phone number:

Evening phone number:

Occupation:

1. List any organizations you belong to or have belonged to and any leadership positions you have held in those organizations.

2. Why do you want to be a member of the ADA Accessibility Advisory Committee?

3. Please list any of your skills, knowledge or experiences that would benefit the committee.

4. Please list two references, including names, addresses and telephone numbers:

Name:	Name:
Address:	Address:
Phone:	Phone:

5. Are you associated with any organization that represents a specific disability or serve as an advocate for any disability service or group? If so, what is the name of the organization or group?

6. Voluntary information:

Age:	Gender:	Disability (if any):
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For alternate formats, contact the Clark County ADA Compliance Office
P.O. Box 5000 Vancouver, WA 98666-5000
V (360) 397-2025; TTY (360) 397-2445; FAX (360) 397-6165
Email - ADA@clark.wa.gov